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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Stories:

Headline: DoD tests medical database for recruits
From Gulflink

WASHINGTON - Part of the reason it has been so difficult to determine the causes of Gulf War illnesses is a lack of complete pre-war medical records for service members and veterans who have developed symptoms. If a new medical program the Department of Defense is testing proves successful, that problem will not exist for future war fighters.

Doctors at the Naval Medical Research Center in Bethesda, Md., and the Naval Health Research Center in San Diego, Calif., are investigating the use of a baseline medical database to evaluate the health of military members and veterans. Capt. Kenneth Craig Hyams, MC, said a working group of health professionals from the departments of Defense, Veterans Affairs and Health and Human Services has been collaborating on this project together since 1996 to develop the Recruit Assessment Program.

"This is clearly one of the lessons learned from our inability to answer Gulf War health questions. We need greater baseline data to understand changes in veterans' conditions after they return from dangerous deployments," said Hyams.

In fact, lessons learned from the Gulf War resulted in a complete review of doctrine, policy, oversight and operational practices for force health protection and military medical surveillance. Surveillance in this case means gathering information about both the health risks present in the environment that our forces are deploying to and the health status of service members. Hyams said that in today's volatile world, surveillance shouldn't wait until after the decision is made to send our forces overseas.

"Preparing for deployment can be an extremely rushed and stressful time. It's hard to get detailed and accurate health data once troops begin preparing for a potentially life threatening mission," said Hyams.

One way to avoid those pitfalls is to collect baseline health data at recruitment and integrate this data with health information collected periodically during service members' careers. Such a database would also help doctors understand service-related medical problems from other causes of ill health. Without a complete record of the health status of recruits when they enter the military, it's difficult to identify service related health hazards - occupational and environmental risks - in the future.

Due to the need for improved health surveillance, military planners want to create a system to track and maintain medical information about Soldiers, Sailors, Airmen and Marines throughout their military careers. The first step will be to gather health data as recruits enter the service, including a complete medical history, family history, occupational exposures and risk factors. The RAP project will do just that with a RAP questionnaire. That form, filled out by each recruit, will establish a baseline health status for every service member on initial entry.

"We're already implementing the RAP at the Marine Corps Recruit Depot in San Diego and the Naval Recruit Training Command in Great Lakes, Illinois," said Hyams. Future plans include testing the form at the Air Force's Basic Military Training facility at Lackland Air Force Base as well. Hyams said that the RAP is not a major departure from current medical practices.

Similar baseline information is already collected from recruits on Standard Form 93 and Standard Form 88, but their data is not computerized," he said.

The RAP, which is still being refined, is an electronically scannable paper questionnaire which recruits fill out during their first week of training. A copy of the questionnaire will be added to each service member's medical folder, while the original is fed into a computerized database. That process, when applied to more than 250,000 incoming recruits every year, will require the use of cutting edge computer technology.

"We're testing a new generation of software and hardware for rapid scanning of large amounts of data," Hyams said. "That's being done at the Navy Recruit Training Command in Great Lakes, Ill., where the concept of automated medical inprocessing of recruits was pioneered in the SHIP program."

If successful, the questionnaire will provide accessible medical data to both DoD and VA doctors. In future years it will be the beginnings of what is called a longitudinal database, which allows a view of active duty military and veterans' health over time. Linking the RAP with other DoD and VA health records will create one of the world's largest longitudinal databases. Longitudinal research allows doctors to see trends in health problems in a population. It will help the military medical community better understand differences between service members' pre- and post- deployment health conditions.

He said the ability to see the long term changes in an individual veteran's health will help military and VA doctors make better diagnoses and offer better health care.

Military planners believe that routine collection of medical data from recruits could have a substantial impact on health care and illness prevention for military members and veterans. They say both DoD and the VA would benefit from the program by more accurately determining which health problems are related to military service. And questions about potentially harmful exposures during military service could then be more quickly and conclusively resolved, allowing for the development

of improved prevention strategies.

Personnel from the departments of Defense, Veterans Affairs and Human and Health Services are working to make sure surveillance goals can be realistically achieved for American troops and veterans. Hyams says they should have enough information to make a recommendation concerning whether or not the RAP should be implemented throughout DoD sometime next year.

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Headline: Dental tech perfecting smiles on-board carrier

By JO1(AW) Kori Ahola

Aboard GEORGE WASHINGTON (CVN 73) - The sound of a dentist's high-speed drill isn't the most relaxing sound. With all of the advances made in the past 20 years in composite materials used to replace teeth, there is no reason anyone on board can't have a set of pearly whites they can smile about.

DT3(AW) Jason Echada contributes to the smiles on board USS GEORGE WASHINGTON. He works on grinding, filing, buffing, sculpting and smoothing prosthetics.

"I use a lot of specialized equipment to get the job done right the first time," said Echada, the ship's only prosthetics lab technician. "We have the capability of doing everything from replacing a tooth to creating multitooth bridges. I can even create gold crowns for a Sailor if it's required."

Echada works extensively with synthetic substances, like white porcelain, that closely resemble natural teeth.

"Replacing a tooth isn't just about aesthetics. Having fully functional teeth is important to a person's well being," said Lt. Cmdr. Giacinto 'Jay' Rubino, DC, the ship's dental prosthetics officer. "It makes me feel good knowing that the crown or bridge that I made will be around for a long time."

Teeth are very individualistic and are as unique as fingerprints. There's a lot of individual workmanship and little room for error.

"When I'm making a tooth, I try to make it resemble the rest of the teeth in size, shape and color. If I'm even a millimeter off, a piece could cause pain," Echada said.

"You never know when a popcorn kernel is going to ruin your day and break a tooth or some other dental crisis may arise," said Rubino. "We do good dentistry and this is where it happens."

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Headline: Naval hospital enters e-commerce realm

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. - An employee at the Naval Hospital Bremerton was the second in Navy Medicine community to be awarded for contributions to 'business-to-business electronic commerce.'

Judy Gitchell, lead purchasing agent and system administrator for the Standard Procurement System was presented with the Gary Thurston Product Integration Award. This award is given to agents that are leading the Navy's revolution in business affairs.

"I thank you for your positive contribution to the implementation of the Standard Procurement System and progress in achieving the goals of the Navy and Marine Corps' paperless acquisition procurement process," said Adm. G.H. Jenkins, Jr., Deputy for Acquisition and Business Management, in a letter.

Years ago it was decided that there should be a standardized procurement system within the Department of Defense. The Navy started moving toward that goal a few years ago and NH Bremerton followed in August 1999.

Gitchell guided her department at the hospital through the overwhelming new system and acted as the liaison with the hospital's Management Information Department. She also spearheaded the regionalization of procurement processes with Naval Hospital Oak Harbor on Whidbey Island.

"It ties everyone together so we're paperless. We used to spend hours at the copier, especially at annual contract time. Now we can send the contracts by email. It has just saved a lot of time for everyone," said Gitchell.

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Headline: No one gets dogged when it comes to pet therapy

By JOSN Theresa Raymond, Naval Hospital Portsmouth
Portsmouth, Va. - Dogs have always been considered man's best friend. But at Naval Medical Center Portsmouth they have become healing companions.

The pet therapy program began in 1997 to comfort patients during the healing process.

According to the 1992 Department of Defense Human-Animal Bond Principles and Guidelines, the first documented animal facilitated therapy program in the United States occurred in 1942 at Pawling Air Force Convalescent Center in New York. Dogs were used to promote communication and convalescence.

Since then pet therapy and pet visitation programs have been documented throughout the world in inpatient hospital settings, community health settings, prisons, psychiatric hospitals, convalescent centers, rehabilitative centers and nursing homes.

Research has shown the effectiveness of pet therapy in increasing communication and decreasing the physical and emotional manifestations of anxiety.

According to the pet therapy program philosophy, pet visitation lowers blood pressure and heart rate, reduces the need for pain medication and provide comfort by their presence.

The program responsibilities are divided among four areas: the pet therapy committee, the health care team, staff and documentation.

The combined efforts of each area ensures the coordination and capability of requesting patients and pets.

Doctors verify that there are no known allergies to animals or other problems associated with animals where the pet therapy is taking place.

The base veterinarian must also certify the animal for participation in the pet therapy program by providing each animal with a Veterinary Health Certificate, DD Form 2209.

Hospital sanitation is not compromised by this alternative therapy. The staff ensures that owners and handlers have their pets leashed or caged at all times within the hospital. If the pet appears unhealthy, poorly groomed, or ill behaved in any manner, the staff has the right to refuse entrance into the facility. Then they must notify the pet therapy committee chairperson of the disbarment within 72 hours.

Pet therapy is a feasible means of supplying additional support and communication modalities for patients and it is a unique and alternative way of treatment that has extensive potential benefits to patients as well as staff.

NMCP staff members have found innovative, entertaining and enjoyable ways to holistically address patient's needs.

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Headline: NACC accreditation from College of American Pathologists

From Naval Ambulatory Care Center Rhode Island

NEWPORT, R.I. - Naval Ambulatory Care Center Rhode Island main laboratory was awarded accreditation by the commission on laboratory accreditation of the College of American Pathologists June 30, following an on-site inspection. NACC's main laboratory is one of the more than 6,000 cap-accredited laboratories nationwide.

The CAP laboratory accreditation program is recognized by the federal government as being equally as stringent as the government's own inspection program.

Inspectors examine the records and quality

control of the laboratory for the preceding two years, as well as the education and qualifications of the total staff, the adequacy of the facilities, the equipment, laboratory safety, and laboratory management to determine how well the laboratory is serving the patient.

The college of American pathologists is a medical society serving nearly 16,000 physician members and laboratory community throughout the world. It is the world's largest association composed exclusively of pathologists and is widely considered the leader in laboratory quality assurance. The CAP is an advocate for high-quality and cost-effective medical care.

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Headline: History on display at Naval Hospital Bremerton

By Judith Robertson, Naval Hospital Bremerton Public Affairs

BREMERTON, Wash. - Bringing history to life was the challenge Naval Hospital Bremerton's First Class Association recently took on as they assembled pictures and information on all the commanding officers involved in the delivery of Navy Medicine in Puget Sound spanning three centuries.

Searching naval hospital archives throughout the country, dusty pictures and yellowing biographies were used in the construction of an informational and photographic display of the 58 past commanding officers who have led the Navy's healthcare providers in the Puget Sound area since the 1800s.

Beginning with Ensign James Stroughton, Passed Assistant Surgeon, who commanded the delivery of medical care beginning in April 1895, to the present Commanding Officer, Capt. Gregg Parker, MC, the "Hall of History" reflects the changing emphasis on rank, insignia, style of dress and uniforms over the years.

"Gathering history from the 1800s and early 1900s was an interesting learning experience," said HML (FMF) Norberto Martinez, one of the coordinators.

The Hall of History was officially opened for public display at a ribbon cutting June 20.

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Headline: Anthrax question and answer

Question: How is anthrax diagnosed?

Answer: Anthrax is diagnosed by isolating the bacteria, *Bacillus anthracis*, from the blood, skin, or cerebral spinal fluid, or by measuring specific antibodies in the blood of suspected cases. Generally, diagnosis by antibodies is done weeks or months after the infection occurs, too late to aid in treatment. The best protection is vaccination before

exposure, combined with the appropriate Mission-Oriented Protective Posture (MOPP), including protective clothing and detection equipment.

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Headline: TRICARE question and answer

Question: Is mental health and substance abuse recovery covered under TRICARE Prime?

Answer: Mental health and substance abuse treatments are covered under TRICARE Prime with a minimal copayment. The cost for outpatient visits will be \$10 for E-4 and below and \$20 for E-5 and above. Retirees will pay \$25 per visit. The copayments are reduced for group visits. For inpatient care the costs are \$20 per day for all active duty family members and \$40 per day for retirees.

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Headline: Healthwatch: Car seat safety should take a back seat

By Lt.j.g. Robyn Bent, U. S. Naval Hospital, Yokosuka,

YOKOSUKA, Japan - Motor Vehicle crashes remain the leading cause of accidental deaths in children under the age of 14.

Yet proper use of a car seat can reduce the risk of death for infants by 71 percent and for toddlers by 54 percent. Unfortunately it is estimated that 85 percent of children in car seats and booster seats are improperly restrained.

To do its job properly a car seat must be installed securely against the vehicle's backseat. If the car seat slides around on the seat, or if your child slides around in the car seat, the child may not be adequately protected.

To check for a tight fit push and pull on the safety seat. If it moves more than one inch, you need to tighten it. The seat should feel as though it is part of the car. If the seat does not securely fit in the car because the lap belt extends or retracts, use the locking clip supplied with safety seat.

Infants should ride in a rear-facing safety seat until they are one-year-old and at least 20 pounds. Studies show that what really protects the child in a crash are their bones and it takes about a year for the bones to harden enough to make the child safe in a forward-facing seat.

The car seat should be positioned in the center of the rear seat of the car, facing the back of the car. The chest clip should be positioned at mid-chest, armpit level. The shoulder straps should be at the lowest slots for the newborn. The angle of

the seat should be about 45 degrees or about halfway back in a semi-reclined position.

Forward-facing car seats should be used for children who weigh 20-40 pounds. The seat should be placed in the full upright position. The reclined position used for the rear-facing seat does not adequately protect a forward-facing child.

Booster seats are used for children who have outgrown their car seats but are not yet ready for using grown-up seatbelts. If children are between 40-80 pounds they need a booster seat. Parents that use a regular seatbelt for their children at this weight run the risk of causing severe internal injuries in the event of a crash or even an abrupt stop. This happens when the seatbelt falls across the neck and shoulders of the child causing neck injuries.

The booster seat literally boosts the child up and positions the seatbelt so that the seatbelt fits properly.

Parents should stop using car seats when the child's legs are able to hang over the edge of the seat touching the floor, and so that the shoulder belt falls across the shoulders, not the neck. The child should also be at least 8 years old so that the hip bones are strong enough to absorb the impact of a crash.

To find out more about car seat safety visit the Safe Kids Coalition's web site at www.safekids.org.

To find out if your car seat has been recalled please check out www.nhtsa.dot.gov.

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